

Case Number:	CM14-0159688		
Date Assigned:	10/03/2014	Date of Injury:	02/15/2010
Decision Date:	12/15/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	09/29/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 45-year-old female with a 2/15/2010 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 9/3/14 noted subjective complaints of low back pain. She feels that she is having less burning pain and improved sleep with the medications. Objective findings included mildly tender SI joints bilaterally. Her medications include Tramadol, Flexeril, Ambien, and Elavil. An 8/18/14 progress report also noted current medications including Ambien. Diagnostic Impression: lumbar disc disease, SI joint dysfunction. Treatment to Date: medication management A UR decision dated 9/26/14 denied the request for Ambien 10 mg #30. Long term use of this sleep aide is not supported due to tolerance and side effect issues. There are multiple other sleep aides (besides Trazodone that failed) that can be tried and have a greater safety profile.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Ambien 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Zolpidem (Ambien)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Ambien and other Medical Treatment Guideline or Medical Evidence: FDA (Ambien)

Decision rationale: CA MTUS does not address this issue. ODG and the FDA state that Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Additionally, pain specialists rarely, if ever, recommend Ambien for long-term use. However, from the documents available for review, the patient has been taking Ambien since at least 8/18/14. Guidelines do not recommend the chronic use of Ambien due to risk of dependence and side effect profile. Additionally, there is no rationale as to why the patient would need to be on Tramadol, Elavil, Flexeril, and Ambien. Therefore, the request for Ambien 10 mg #30 was not medically necessary.